



2016 Adult Softball Registration Form

Mt. Vernon Parks and Recreation

PO Box 324, 716 Locust Street, Mt. Vernon, IN 47620
Phone: 812.838.3691 Fax: 812.838.8715

Team Name: _____

Did same team play in last league? yes no

If yes, what league? _____

Manager: _____

Additional contact: _____

Address: _____

Address: _____

City, State Zip _____

City, State Zip _____

Phone: h/c) _____ w) _____

Phone: h/c) _____ w) _____

Spring League Fee: \$325

Paid: \$ _____

Rec. # _____

Date _____

***There will be a \$50 administration fee charged for all teams seeking refund prior to the start of the season.**

***No Refund will be given after first game.**

***Please fill out form completely to ensure proper team placement (select one from each category):**

League	Team Type	League Classification	Level of Play
Spring (8 weeks) _____	Men's _____	Open _____	(B) Competitive _____
Summer (10 wks.) _____		Church _____	(C) Intermediate _____
Fall (8 weeks) _____	Co - Ed _____		(D) Recreational _____

***Leagues will be offered to all team types listed above and scheduled based on actual registrations:**

***Registration Comments:**

Please use this space to give the parks Department information regarding the proper league placement of your team including: team skill, competition level desired, schedule conflicts with other teams, or any other information you feel is important in the placement of your team into a league or schedule. **NOTE:** The Parks Department reserves the right to place and/or schedule any team as is deemed necessary to establish fair and balanced leagues. Furthermore, all managers will be notified if there are problems with their registration requests before they are placed into a league or schedule.

***Our goal is to have a co-ed league on Tuesdays and a Men's League on Fridays.**